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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |            | Docket Number (Optional)<br>219002032800    |                  |
| Application Number                      10/728,665   |            | Filed                      December 5, 2003 |                  |
| For     METHODS FOR TREATING DIABETES  |            |   |                  |
| Art Unit            1614   |            | Examiner                  A. Marschel       |                  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |            |   |                  |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                     |                  |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60  | \$ _____         |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225                                       | \$ <u>450.00</u> |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020     | \$510                                       | \$ _____         |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590     | \$795                                       | \$ _____         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160     | \$1080                                      | \$ _____         |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> <del>I have enclosed a duplicate copy of this sheet.</del> |            |   |                  |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,957</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____ .   |            |   |                  |
| <u>/James J. Mullen, III/</u><br>Signature   |            | <u>March 23, 2007</u><br>Date               |                  |
| <u>James J. Mullen III, Ph.D.</u><br>Typed or printed name   |            | <u>(858) 720-7940</u><br>Telephone Number   |                  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |            |   |                  |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |   |                  |